



Children and Youth Behavioral Health Work Group – Workforce & Rates (W&R) Subgroup

December 4, 2024

Glossary of Terms

BHI: Behavioral Health Integration (subgroup)

CCBHC: Certified Community Behavioral Health Clinic

CHW: Community Health Worker

CMS: Center for Medicaid and Medicare Services

CYBHWG: Children and Youth Behavioral Health Work Group

DOH: Washington Department of Health

DP: Decision Package

HCA: WA Health Care Authority

SAMHSA: Substance Abuse and Mental Health Services Administration

UW: University of Washington

Meeting Topics

Setting the Stage for 25-26

Review and discuss 2025 CYBHWG and W&R-specific priorities

Session

Discussion Summary

Setting the Stage for 25-26

1. Debrief and reflections on W&R processes:
 - a. A refresher on the W&R process included:
 - i. It was a shorter session this year, and the group started meeting in March and developing priorities at that point.
 - ii. In May, the Work Group opened up the W&R conversation to other subgroups, with the goal of further collaboration and guidance for thinking about workforce and rates issues across the work group.
 1. There was a lot of collaboration from May to June, which led to workforce related priorities in each subgroup, covering a greater breadth of these issues.
 - iii. The subgroups turned around recommendations by the first week of September and continued to refine them until the vote in mid-October.
 - b. Feedback from the subgroup members on the process included the following:
 - i. There was good intent behind collaborating with the other subgroups about workforce and rates issues; however, it didn't feel like a beneficial process to the W&R subgroup.
 1. W&R considered everyone else's priorities, but other subgroups did not consider the W&R priorities, and it didn't leave much room for W&R to consider their own priorities.



2. This caused the subgroup to hear about W&R priorities for the first time during the final weeks before prioritization and voting, which left subgroup members feeling as though they did not get enough information about the issues.
 3. Some subgroup members felt that the other subgroups should keep W&R priorities related to their subgroup area as their own priorities, rather than the W&R subgroup prioritizing them.
 4. This process also made it confusing for Work Group Members as to which priorities (recommendations) belonged to which subgroups.
 5. A suggested approach going forward for collaboration between subgroups was to do "information-sharing" rather than taking on the full recommendations of another subgroup.
 6. There is always going to be tension of "scope-creep" because workforce is relevant to everyone.
 - ii. It is important to start early on the recommendation process, as it often feels like there is not enough time to consider and accomplish everything.
 - iii. There were too many total recommendations.
 1. It felt like the W&R subgroup did a good job categorizing and prioritizing the recommendations, and limiting the number in a tough budget year, but that other subgroups did not necessarily do so.
 2. There should be a better process for narrowing the recommendations overall to a smaller list.
 - iv. The Work Group co-chairs and support staff are considering how to reframe developing the subgroup policy proposals in tandem with the ongoing work of the Washington Thriving strategic planning effort.
 1. Washington Thriving is slated to have a strategic plan deliverable by the end of next year with specific topical areas that can have a broad impact across the continuum, and the work group must consider how to make the policy recommendations better oriented alongside that project.
 2. Subgroup members agree that it would be helpful to have clear topical priority areas identified by Washington Thriving, that the subgroup then explores workforce and rates issues to address – as an effort to narrow the scope and align with the strategic planning work.
 3. The subgroups could also be brought into the strategic planning effort to inform the direction of the strategic plan.
 - v. It is important to still have a subgroup focused primarily on workforce
 - vi. One subgroup member suggested there should be a cutoff point for new recommendations, to ensure that all recommendations are well-defined and fully vetted.
 - vii. There was not enough communication at the larger Work Group level, in terms of timelines and consistency of evaluation.
2. W&R Recommendations Criteria:
 - a. Some other subgroups' have developed recommendation criteria and Washington Thriving (the strategic plan) is developing a framework to map recommendations onto.
 - i. There is effort to infuse this criteria across all subgroups.



- ii. W&R can develop its own supplemental criteria to the larger criteria process
 - iii. For any priority criteria we utilize next year, subgroup members would like an overview of it at the beginning of the recommendations process.
- b. It might be nice to have "voting pamphlets" to help consider the pros and cons associated with each recommendation, to facilitate the vetting process.
 - i. There can be unintended consequences of recommendations that may have significant ramifications across behavioral health.
 - ii. This would allow W&R to work better with other subgroups and may help naturally narrow down the recommendations list.
- 3. Subgroup leadership:
 - a. Laurie will be stepping away from her role, and Renee Fullerton and Hugh Ewart will be facilitating going forward.
 - b. Hugh will be staying on as co-lead with Renee through the session and then stepping into a subcommittee-member only role in the Spring.

Review and discuss 2025 CYBHWG and W&R-specific priorities

1. In an incredibly difficult budget year, the subgroup needs to consider ways to advance items without big costs.
2. Updates on the W&R priorities are as follows:
 - a. Community Health Workers (CHWs):
 - i. Policy-wise, there is not a way to scale down this proposal.
 - ii. There is a high likelihood that this proposal will not be implemented to full capacity or function right away, so initial costs will be lower compared to later years.
 - iii. The most likely scenario is that the Health Care Authority (HCA) will end up delaying implementation of many of their projects that are in the works.
 - iv. HopeSparks is working closely with CHWs in their collaborative care model and they are proving to be a very trusted member of the care team, addressing non-clinical issues and allowing medical professionals to work at the top of their licensure.
 - b. Teaching Clinic:
 - i. The Washington Council have met with several legislators and gotten unanimously positive feedback on this recommendation, until they reach the financial discussion.
 - ii. The Council has been working to develop different options for implementation, including the following:
 1. One bill that would implement the model fully – which includes master's level mental health clinicians, interns at both the bachelor's and the master's levels, as well as Substance Use Disorder Professionals (SUDPs).
 2. A scaled down bill that includes only the master's level interns and master's level mental health clinicians.
 3. A separate bill that would implement the teaching clinic via a pilot model, with 10-20 clinics throughout the state, which would allow the Council to gather more outcomes data and also other data necessary to



- advocate for it to receive a federal match with Centers for Medicare and Medicaid Services (CMS).
- iii. The Council is working on getting a prime sponsor and hoping for an update soon.
- c. Certified Community Behavioral Health Clinics (CCBHCs):
 - i. The Washington Council received a grant from the Ballmer group to conduct a provider readiness initiative, which is launching soon, to give member agencies an opportunity to go through the intensive preparation process.
 - i. There is not a plan to ask the legislature for any funding related to provider readiness, lowering the dollar amount.
 - ii. There is no update on the state's application for a SAMHSA planning grant until the end of the year, but there are not any anticipated substantial budget ask changes from the HCA perspective.
 - iii. There is some flexibility in moving the implementation date.
 - iv. Suggestion by member: one possible joint project with the Behavioral Health Integration (BHI) subcommittee would be trying to come up with some rules/regs related to paying for collaborative/integrated care since a rate-limiting issue for scale-up is the time practices need to get all the kinks out of getting paid (often have to negotiate with each payer).
- d. Supervisor Stipend Program:
 - 1. This money is in the maintenance level and was planned to go into effect in 2025.
 - 2. The Department of Health (DOH) has proposed delaying the implementation of this program.
- e. Conditional Scholarships:
 - 1. This subgroup wrote the recommendation request for 180 scholarship slots – 90 each year of the biennium.
 - 2. The cost per scholarship is \$60,000 (\$50,000 scholarship + \$10,000 per student for specialized skills training).
 - 3. This item is dialable – the number of scholarships could be reduced or a smaller per-student scholarship could be considered.
 - 4. The money for the evaluation is not dialable in the same way, but the program could decide not to do the evaluation piece.

Session

- 1. Meetings and communication:
 - a. The plan is for this subgroup to continue to meet throughout session to follow-up on how the subgroup priorities are faring and keep apprised of the status of bills and budget items.
 - b. Meeting cadence and length was discussed, and the group came to consensus to meet monthly for 30 minutes, on the first Wednesday of the month (besides January, which will be on January 15th).
- 2. Advocacy:
 - a. Specific advocacy communications can come from the subgroup leads, rather than via the email list, since those come from HCA.



- b. The subgroup will consider setting up a Google Drive for advocacy information that can be sent out to the email list.
- 3. Timeline:
 - . Last year, the Work Group was extended to 2029, so this work will be ongoing through that point.
 - a. The timeline for next year will be a little different:
 - i. For this subgroup, full meetings will begin in May.
 - ii. Prior to that (as decided above), there will be monthly 30-minute meetings to recap and follow-up on priorities.
 - iii. Starting in May, the subgroup will start to deep dive on core issue areas and begin recommendation development.
 - iv. In September, the subgroup will be submitting the recommendations.
 - v. Voting on recommendations will occur in October.
 - vi. Support items will be considered in November.